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FEBRUARY, 1956

Presenting...

CARE OF RELIGIOUS

Bernard P. Harpole, M.D. 2

**THE TEACHING OF POPE PIUS XII
 ON ARTIFICIAL INSEMINATION**

Gerald Kelly, S.J. 5

INVITATION: TO OUR TOWN 18

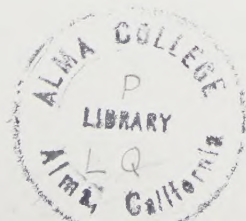
OUT OF THE SHADOWS

Francis J. Braceland, M.D., ScD.; F.A.C.P. . . 21

MEDICO-MORAL NOTES

John J. Lynch, S.J. 23

**EXECUTIVE BOARD FEDERATION OF
 CATHOLIC PHYSICIANS' GUILDS,
 WINTER MEETING 28**



45107¹

Care of Religious

BERNARD P. HARPOLE, M.D.

Portland, Oregon

Catholic Physicians' Guild

PHYSICIANS who think in terms of spiritual values rather than in terms of material ones find that a practice devoted in part to the care of religious is quite rewarding.

Priests, nuns, brothers, seminarians and postulants all present special phases of illness and special problems in diagnosis and treatment that are not encountered in lay people. One of the most common errors that we make in the care of religious is our tendency to regard them as something other than human. An old priest once pointed out to me that the habit doesn't mean that the individual wearing it is "confirmed in grace." The Very Reverend Monsignor with the biggest parish in town, and the peptic ulcer that goes with it, is just as ill as his counterpart in business with the same disease. Similar factors of fatigue, tension, worry and diet are operating to produce the same pathology in both duodena. Treatment, likewise, is the same and cooperation with treatment is just as difficult to secure in both patients.

In taking histories from religious we sometimes give them credit in our own minds for a good deal more knowledge of symptoms and signs than they possess. This

probably stems from our childhood in the parochial school when we were firmly convinced that Sister Mary Anastasia knew everything, and what she didn't know, Father Kelly surely did. It sometimes requires some rather deep probing, and the use of basic simple terms to secure a complete and detailed history of obscure illness. In cases where we suspect that factors of emotional tension or anxiety are part of the cause of an illness, we are apt to encounter considerable resistance to our attempts to expose them. It is often necessary to get a detailed account of the patient's daily routine, and a record of his hours of rest, recreation, duty and devotion, as well as the type and quantity of food served and the hours of meals.

A little reflection will show that the life of a pastor is far less confining and much more self-directed than is the life of a Trappist novice. Different Orders have different rules and customs. Superiors, being human, show a wide variation in the way they interpret the specific duties of their offices. A superior in robust health sometimes finds it difficult to cooperate with treatment of those who require an abbreviated schedule, special diets and expensive medication.

An individual in community life is beset with all the abrasive failings of human nature in his contacts with other members of the community. The normal personality clashes that occur among lay people are magnified by constant association. These tensions can produce real illness, if the individual represses them instead of accepting them as part of his vocation.

The excessive zeal of some imprudent seminarians, who seem to think that they are expected to achieve perfection overnight, is one of the causes of the rash of peptic ulcers in some of our seminarians.

A thorough review of these factors, as well as a detailed appraisal of the location, severity, and duration of the present complaint, and a review of the patient's past illnesses and family background, will produce a medical history with important value.

Religious are entitled to as thorough a physical examination as other patients. Many, before they approach a doctor, have already considered that their symptoms are evidence of hypochondriasis. Any assumption on our part that their complaints are imaginary is as false as it is dangerous. And to try to save a nun embarrassment by examining her heart and lungs through four layers of habit, a crucifix and a scapular is just as foolish as to "watch" a breast lump for a few months. The same physical signs of disease will be manifested in a religious as in any other patient, and they should be

searched for as diligently in each case.

Laboratory work and x-rays that can be fitted into a busy schedule will confirm the diagnosis, and then treatment begins. Here again we are dealing with a human who will respond to treatment in the same way any other person would. It is a fine demonstration of faith to hope for divine intervention in the recovery of these patients, but as doctors we are more familiar with the therapeutic tools of our trade.

In any illness the first line of treatment is to prescribe rest for the injured area. The physician who merely advises a religious to "take it easy" is doomed to failure. It is often necessary to write down a revision of the patient's normal daily schedule so that he is not burdened with the decision as to hours of activity and rest. A graduated scale of activity that coincides with community life can be worked out with the infirmarian and recorded for future use. This is quite useful in prescribing activity following illness or surgery.

Special diets should be carefully tailored to the ability of the community to supply them. Drugs should be prescribed, if possible, so that there is little or no waste. Consultation with the infirmarian can save the community a great deal of expense. Medications on hand should be used rather than prescribing other prepared products of like nature.

One of the most difficult problems that presents itself to the physician who takes care of religious is presented by the individ-

ual who feels compelled to change his vocation because of health. The Superior, before applying for a dispensation from [final] vows in these cases, attaches great importance to the recommendation of the attending doctor. These recommendations should always be made with full recognition of their gravity, and with complete conviction that there is no other way to solve the problem. Many religious in delicate health are able to remain with a community and survive if their daily schedules can be revised in accordance with their physical ability and if they are spared some of the daily routine reserved for those in good health.

The rapidly disappearing tendency of doctors to dissemble or make false statements to patients with fatal malignant disease is to be condemned generally in dealing with religious. Their lives are devoted to attaining heaven, and ours are devoted to detaining them

here as long as we can. When a religious is finally beyond our ability to postpone his final hour, he has a right to know, and we have a duty to tell him that preparations should be made for that event. Even the most apprehensive nun will react to the news that she is "going home" with composure and peace. She will face death, armed with faith and a lifetime of devotion, and the help of the prayers and sympathy of her community.

This, then, is the rich reward of those of us who are fortunate to know these people in time of illness in their lives. The reward comes not in a fee or material return, but in the benediction of a priest in a hospital bed or the note from a nun at Christmas with a spiritual bouquet of more Masses than we'll attend in months, in appreciation for some slight service or bit of advice we have long since forgotten.

FEDERATION EXECUTIVE BOARD MEETING SCHEDULED

The Executive Board of the Federation of Catholic Physicians' Guilds will meet at 9:30 a. m., June 13, 1956, at the Sherman Hotel, Chicago, Illinois.

The Board comprises the elective officers of the Federation and one delegate from each active constituent Guild.

The Teaching of Pope Pius XII on Artificial Insemination

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[INTRODUCTORY NOTE: *In the August number of THE LINACRE QUARTERLY we began the publication of answers to questions that are frequently asked at informal discussions with doctors and medical students. One of the most frequent of these questions concerns the teaching of the Church about artificial insemination. This question could be answered simply by a reference to the article, "Moral Aspects of Sterility Tests and Artificial Insemination," which is included in Medico-Moral Problems, II. However, although that article has pertinent references to the address of Pope Pius XII to Catholic physicians, it was actually written before the address and the references had to be inserted. Moreover, the article is necessarily only a summary; and it seems that an adequate answer to doctors' questions about artificial insemination should be more complete.*

The present article seems to have the desired completeness. It was prepared at the request of the editor of the University of Detroit Law Journal and was published in the January, 1956, number of that periodical under the title, "Artificial Insemination: I. Theological and Natural Law Aspects." It is being published here with the approval of the editor of the Journal. Besides the changes of title, there are other minor changes, especially in the footnotes.]

During the fourth international convention of Catholic doctors, held in Rome in September, 1949, there was much discussion of artificial insemination. At the conclusion of the convention, the delegates assembled at Castelgandolfo to hear an address by Pope Pius XII. The first part of this address dealt with the attitude of the Christian doctor toward the progress of medicine and the part he is to take in it; the second part was specifically concerned with the judgment

of natural and Christian morality on the practice of artificial insemination. An English version of this official statement runs as follows:

We have already had many occasions to speak on a good number of special points regarding medical morality, but now we have here a question of the first order which, with no less urgency than other questions, requires the light of Catholic moral doctrine: that of artificial insemination. We could not allow this present opportunity to pass without indicating briefly, along general lines, the moral judgment that must be made in this matter.

1) The practice of artificial insemina-

tion, when human beings are concerned, cannot be considered exclusively, or even principally, from a biological and medical point of view, leaving aside the claims of morality and law.

2) Artificial insemination outside of marriage is to be condemned purely and simply as immoral.

According to both the natural law and the divine positive law, the procreation of new life can be only the fruit of marriage. Marriage alone safeguards the dignity of the parties (principally, in the present case, of the woman) and their personal well-being. And it alone, by its nature, provides for the well-being and education of the child.

Consequently, there is no possibility of difference of opinion among Catholics as regards the condemnation of artificial insemination outside the conjugal union. The child conceived under these conditions would be, by that very fact, illegitimate.

3) Artificial insemination in marriage, but effected by means of the active element of a third party, is equally immoral and, as such, is to be summarily rejected.

It is the spouses alone who have a mutual right over their bodies for generating a new life, and this right is exclusive, nontransferable, inalienable. And so it must be also out of consideration for the child. By virtue of this same bond, nature imposes on whoever gives life to a little one the responsibility for its preservation and education. But between the lawful husband and the child who is the fruit of an active element derived from a third party (even should the husband consent) there is no bond of origin, no moral and juridical bond of conjugal procreation.

4) As for the morality of artificial insemination within marriage, let it suffice for the present to recall these principles of the natural law: the simple fact that the desired result is attained by this means does not justify the use of the means itself; nor is the desire to have a child — perfectly lawful as that is for married persons—sufficient to prove the licitness of artificial insemination to attain this end.

It would be false to think that the possibility of resorting to this method might make valid a marriage between persons who are unfit to contract a marriage by reason of the impediment of impotence. Also, it is needless to observe that the

active element can never be procured licitly by acts that are contrary to nature.

Although one may not *a priori* exclude new methods for the sole reason that they are new; nevertheless, as regards artificial insemination, there is not only reason for extreme reserve, but it must be entirely rejected. To say this is not necessarily to proscribe the use of certain artificial means designed only to facilitate the natural act or to enable that act, performed in a normal manner, to attain its end.

We must never forget this: It is only the procreation of a new life according to the will and plan of the Creator which brings with it—to an astonishing degree of perfection—the realization of the desired ends. This is, at the same time, in harmony with the dignity of the marriage partners, with their bodily and spiritual nature, and with the normal and happy development of the child.¹

This was the first official pronouncement of the Holy See since 1897, when the Sacred Congregation of the Holy Office had answered a question with the brief statement that artificial insemination is illicit. And it is undoubtedly the most important of all Catholic statements on the subject. Some time later (October 29, 1951), in an address on the moral problems of married life, Pope Pius XII referred to his former address in the following words:

To reduce the cohabitation of married persons and the conjugal act to a mere organic function for the transmission of the germ of life would be to convert the domestic hearth, sanctuary of the family,

¹The papal address was given in French. The complete original text is given in the official journal of the Holy See, *Acta Apostolicae Sedis*, 41 (1949), 557-61. The second part, which I have quoted, begins on p. 559. There is an English version of the complete address in *THE LINACRE QUARTERLY*, Oct. 1949, pp. 1-6. An English version of the second part of the address is also given by T. Lincoln Bouscaren, S.J., *The Canon Law Digest*, Vol. 3, pp. 432-33 (Milwaukee: The Bruce Publishing Co., 1954).

into nothing more than a biological laboratory. Hence, in our address of September 29, 1949, to the international congress of Catholic doctors, we formally excluded artificial insemination from marriage. The conjugal act in its natural structure is a personal action, a simultaneous and immediate cooperation of the spouses which, by the very nature of the participants and the special character of the act, is the expression of that mutual self-giving which, in the words of Holy Scripture, effects the union "in one flesh."

This is much more than the mere union of two life-germs, which can be brought about also artificially, that is, without the natural action of the spouses. The conjugal act, as it is planned and willed by nature, implies a personal cooperation, the right to which the parties have mutually conferred on each other in contracting marriage.²

Commentary

The papal statements give the essential points on the morality of artificial insemination so completely that a theologian can do little more than supply explanatory background and perhaps indicate more specifically some practical conclusions. This I shall try to do by considering both donor insemination and insemination within the conjugal union itself. Before doing this, however, it seems advisable to say a word of explanation concerning the expressions, "natural law" and "divine positive law," which are used by Pope Pius XII and which are common in theological literature.

These notions were very familiar to Sir William Blackstone and to the jurists of his time. Speaking of the law of nature, he says: "This law of nature being coeval with mankind, and dictated by

God Himself, is of course superior in obligation to any other. It is binding over all the globe in all countries, and at all times; no human laws are of any validity if contrary to this; and such of them as are valid derive their force, and all their authority mediately or immediately from this original."³ This is exactly what Catholic moralists mean when they refer to the natural law. It is a divine law because it originates directly from God, not from man. It is sometimes referred to as the natural *moral* law to distinguish it from the laws that express the nature and properties of irrational things (e.g., the law that certain things will burn under given circumstances). It is often said to be "imprinted in the heart of man" to signify that God expressed His will in the very creation of human nature and that this will exists independently of any written or oral formulation—also to show that it binds all men, not just a certain group.

Describing the revealed divine law, Mr. Blackstone says: "This has given manifold occasion for the benign interposition of divine providence; which, in compassion to the frailty, the imperfection, and the blindness of human reason, hath been pleased, at sundry times and in divers manners to discover and enforce its laws by an immediate and direct revelation. The doctrines thus delivered we call the revealed divine law, and they are to be found only in the holy

²*Acta Apostolicae Sedis*, 43 (1951), 850; an English version in Bouscaren, *op. cit.*, p. 434.

³Blackstone, *Commentaries*, 1, *41
Ibid. at *41-42
Ibid. at *42

scriptures." Subsequently, he adds: "Upon these foundations, the law of nature and the law of revelation, depend all human laws; that is to say, no human laws should be suffered to contradict these." This "law of revelation" is what Catholic moralists designate as divine positive law. The one point that they would add to Mr. Blackstone's description is that these laws of revelation may be found not only in Holy Scripture, but also in apostolic tradition.

One further introductory point—and this purely by way of information and not in any argumentative sense. According to Catholic belief, the Church was commissioned by Jesus Christ, whom Catholics believe to be God, to teach the whole world; and the ambit of this teaching authority includes not only the truths and laws of divine revelation but also the natural moral law. Thus, though the Church can in no sense make or change the laws of God, it does have authority to interpret these laws, that is, to declare officially the true meaning and the extent of the laws. That is why Catholics look to their bishops, and particularly to the pope, for guidance even in matters pertaining to the natural law; and that is the reason why the Catholic doctors undoubtedly expected and wanted Pope Pius XII to give them an official statement concerning the morality of artificial insemination.

I. DONOR INSEMINATION (Heterologous Insemination)

One should not infer from what I have just written that the moral

problems inherent in scientific and social progress are always solved for Catholics by official pronouncements. The more usual procedure is that the moral theologians, who are highly trained experts in the science of ethics, discuss and write about the new problems, and thus the issues are crystallized and the problems solved without any official statements by hierarchies or the Holy See. Papal statements are generally made only when special circumstances require them—as was the case, for example, regarding the great social encyclicals, the *Rerum novarum* of Pope Leo XIII and the *Quadragesimo anno* of Pope Pius XI, as also regarding the latter's celebrated encyclical on marriage, *Casti connubii*. Occasionally, too, the official statements are made in order to settle a matter of controversy among theologians.

Moral theologians do not make a habit of always agreeing with one another. There has never been the slightest disagreement, however, regarding the morality of donor insemination, whether the woman be married or unmarried. From the time when this topic was first brought up for discussion, theologians have consistently opposed donor insemination for the following reasons: it is contrary to the divine plan for marriage; it is the product of a false philosophy of life; it generally involves the immoral procurement of sperm; and its consequences on social life are apt to be disastrous. A word about each of these points.

1. *Contrary to The Divine Plan for Marriage:*

One way of learning the Creator's plan is to make a careful analysis of the natures He creates. Certainly His plan for human propagation must be judged according to human nature and not according to mere animal nature. And, whatever may be said of cats and dogs and horses, the well-being of the human child normally demands the care of father and mother over a considerable number of years. Moreover, the parents also, if they are to rear their children in a manner consonant with human dignity, need mutual support and security. Because of such facts, Catholic theologians have unwaveringly held to the principle that reproductive acts are permissible only between two persons who are united in the firm bond of marriage. It is the contract of marriage that gives the child the guarantee of father-mother care that his genuine well-being requires and that gives to the parents themselves their much-needed comfort and security. This principle—that the right to generate children belongs only to husband and wife—is not only deduced from an analysis of human nature; it is also an integral part of the Christian tradition. Whatever may have been the lapses in practical life, the principle has never been seriously challenged by Catholics nor — as far as I have been able to discover — by any recognized Christian society.

In a word, the Catholic theologian maintains that the well-being of the parents themselves and es-

pecially the well-being of the child demand that generative activity be restricted to the conjugal union. These points were briefly stated by Pope Pius XII in his condemnation of donor insemination. The same points were stated more completely by Pope Pius XI in his encyclical on Christian marriage. As regards the welfare of the child, Pope Pius XI said:

The blessing of offspring, however, is not completed by the mere begetting of them, but something else must be added, namely, the proper education of the offspring. For the most wise God would have failed to make sufficient provision for children that had been born, and so for the whole human race, if He had not given to those to whom He had entrusted the power and right to beget them, the duty also and the right to educate them. For no one can fail to see that children are incapable of providing wholly for themselves, even in matters pertaining to their natural life, and much less in those pertaining to the supernatural, but require for many years to be helped, instructed, and educated by others.

Now it is certain that both by the law of nature and of God⁴ this right and duty of educating their offspring belongs in the first place to those who began the work of nature by giving them birth, and they are indeed forbidden to leave unfinished this work and so expose it to certain ruin. But in matrimony provision has been made in the best possible way for this education of children that is so necessary, for, since the parents are bound together by an indissoluble bond, the care and mutual help of each is always at hand. . . .

Nor must We omit to remark, in fine, that since the duty entrusted to parents for the good of their children is of such high dignity and of such great importance, every use of the faculty given by God for the procreation of new life is the right and the privilege of the marriage state alone, by the law of God and of nature, and must be confined absolute-

⁴This expression, "by the law of nature and of God," is but another way of saying "by the natural law and by the law of revelation."

ly within the sacred limits of that state.⁵

In the encyclical, Pope Pius XI followed St. Augustine's plan of considering marriage according to its three "blessings": offspring, conjugal fidelity, and indissolubility. The words just quoted are in the section dealing with the blessing of offspring, and they show how the true welfare of the child requires that the right to generate children belongs exclusively to the married. The subsequent section explains more in detail the Christian concept of marriage with reference to the welfare of the parents themselves; and it is also pertinent to the question of artificial insemination. It reads in part:

The second blessing of matrimony which We said was mentioned by St. Augustine, is the blessing of conjugal honor which consists in the mutual fidelity of the spouses in fulfilling the marriage contract, "so that what belongs to one of the parties by reason of this contract sanctioned by Divine Law, may not be denied to him or permitted to any third person, nor may there be conceded to one of the parties that which, being contrary to the rights and laws of God and entirely opposed to matrimonial faith, can never be conceded."

Wherefore, conjugal faith, or honor, demands in the first place the complete unity of matrimony which the Creator Himself laid down in the beginning when He wished it to be not otherwise than between one man and one woman. And although afterwards this primeval law was relaxed to some extent by God, the Supreme Legislator, there is no doubt that the law of the Gospel fully restored that original and perfect unity, and abrogated all dispensations, as the words of Christ and the constant teaching and action of the Church show plainly.

With reason, therefore, does the sacred Council of Trent solemnly declare: "Christ Our Lord very clearly taught that in this bond two persons only are to be united and joined together when

He said: "Therefore they are no longer two but one flesh."...

This conjugal faith, however, which is most aptly called by St. Augustine the "faith of chastity" blooms more freely, the more beautifully, and more nobly when it is rooted in that more excellent soil, the love of husband and wife which pervades all the duties of married life and holds pride of place in Christian marriage.⁶

I have given these lengthy quotations because I think it is imperative to note how the Christian concept of marriage insists that the divine law concerning marriage provides for the welfare of both child and parents. This twofold purpose of marriage requires that generative activity be absolutely restricted to man and wife. The inherent wrongness of fornication and adultery are deduced from this principle; and from the same principle we deduce the immorality of donor insemination. It is true that donor insemination is not the same as fornication or adultery in the ordinary sense of these terms. Nevertheless, donor insemination is a generative act—that is precisely the reason why it is used—and the donor and recipient are not man and wife; hence it is immoral for the same basic reason that fornication and adultery are immoral. This idea is quite well expressed, it seems to me, in the following quotation from a speech made by the Archbishop of Canterbury (an Anglican, not a Roman Catholic) in a debate in the House of Lords:

Adultery is the surrender, outside the bonds of wedlock and in violation of it, either of the sexual organs alone by the use of contraceptives, or of the reproductive organs alone by A.I.D., or, of course, of both, as in normal intercourse. If that be so, A.I.D. is adultery. I do

⁵Quoted from the pamphlet edition of the encyclical published by the America Press, p. 6.

⁶*Ibid.*, pp. 6-8.

not wish thereby to stigmatize A.I.D. as having the same moral turpitude which attaches to the word adultery in ordinary use... there is certainly a moral difference between adultery in the ordinary sense and A.I.D., yet in fact A.I.D. is adultery. Lord Dunedin, in *Russell v. Russell*, said bluntly: "Fecundation *ab extra* [which I take to mean from another party] is, I doubt not, adultery." Other legal judgments have supported that. It is a mere fact, whether you like to use the word or not, that by the introduction of semen *ab extra* outside wedlock there is an intrusion into, and a breach of, the natural relations of husband and wife—and that is what adultery means; and the exclusive union set up by marriage between husband and wife is violated—and that is what adultery means.⁷

2. Product of a False Philosophy of Life:

I cannot dwell on this reason, but I wish at least to point out that donor insemination makes a logical piece with the false philosophy that has long been working for the degradation of the family. One of the ingredients of this false philosophy is a crude liberalism that claims for every man the "right to be happy" and which really means the right to do as one pleases. A second ingredient is sheer materialism, which denies the spiritual and thus puts man on the same plane as brute animals. The same subversive principles apparently underlie the "proxy" father propaganda. People want a child; they need it "to be happy"; therefore, let them have it in any way they can. And, since artificial insemination is a good way of breeding animals, it should be satisfactory for men, too.⁸

⁷Cf. Henry Davis, S.J., *Artificial Human Fecundation* (London: Sheed and Ward, 1950), p. 13. The Archbishop's speech was given March 16, 1949. Fath-

3. Immoral Procurement of Sperm:

The point I wish to make here is aptly expressed by an extract from an Anglican paper:

Artificial insemination usually depends on masturbation. This is condemned by all Christian moralists, because it implies the solitary and essentially individualistic use of sexual activities intended to be used in association. It disregards the truth that with those powers God provides physiological means for exercising them in a joint and common act.⁹

The statement that masturbation is condemned by all Christian moralists may be somewhat exaggerated. At any rate, I have seen statements made by supposedly Christian leaders that masturbation is no more immoral than picking the nose. One can hope that these men were merely expressing their own opinion, and not the view of any definite Christian group.

As for the Catholic moralists, they have constantly taught with a practical unanimity that masturbation is against the natural law and the divine positive law, and that there is no exception to the law. In proving that masturbation is against the natural law, they have advanced various arguments, the simplest of which, I believe, is the one indicated in the Anglican statement just quoted. This argu-

er Davis quotes from the official report of the debates in the House of Lords.

⁸For a profound study of the forces undermining traditional concepts of the family and of sexual ethics, see Jacques Leclercq, Ph.D., LL.D., *Marriage and the Family* (New York: Frederick Pustet Co., 1941).

⁹Quoted by Davis, *op. cit.*, p. 13. This is one of three extracts taken by Father Davis from the *Church Times* for March 16 and 23, 1945.

ment is based on an analysis of the physical sex mechanism. The very configuration of the male and female bodies and the biological processes pertaining to reproduction make it clear that the psychophysical processes culminating in orgasm should be directed to and find their fulfillment in coitus. Solitary orgasm makes a mockery of this entire mechanism. Thus runs the principal argument. Besides this there is the plain fact that, if a solitary act is not against nature, then no other sexual act is against nature. In a word, there are no perversions and there is no natural basis for sex morality. That, of course, is just the conclusion that the materialists would like us to draw; but one can reach such a conclusion only by blinding oneself to the divine plan as manifested in human nature.

The argument from revelation is based principally on St. Paul, who says that "Effeminate . . . shall not inherit the kingdom of heaven" (cf. I Corinthians, ch. 6). Early Christian tradition has interpreted "effeminate" (the Latin word is *molles*) to mean those practicing self-abuse; and this interpretation squares perfectly with the context, in which various acts of impurity are enumerated.

4. *Consequences on Social Life:*

An eminent Jewish scholar speaks thus of donor insemination: "Such human stud-farming exposes society to the gravest dangers which can never be outweighed by the benefits that may accrue in individual cases."¹⁰ Catholic theologians would agree with this gen-

eral statement, though they might, with a very realistic scepticism, underscore the word "may" and even follow it with a very large question mark. Enthusiasts for donor insemination speak and write glowingly about the great happiness that this procedure has brought to many couples. They admit that they cannot prove this because of the secrecy necessarily involved. Moral theologians, who are not mere armchair philosophers but men who must constantly face the realities of life, consider themselves justified in questioning these glowing reports as long as proof is wanting. However, granted for the sake of argument that the reports are true, theologians would still say that the social evils and dangers inherent in the practice are such that there would be no sound moral justification for it, even if it were not in itself contrary to the divine law.

Only rank sentimentalists and the exceptionally boastful "liberals" are willing to plead the case for insemination of an unmarried woman. No one who has had to deal with the problems of unmarried motherhood would seriously argue for insemination of unmarried women. Usually the case for donor insemination concerns the married couple who want a child but cannot have one because of sterility of the husband. The following remarks are made principally with a view to this case.

First of all there is the effect on society when this practice is en-

¹⁰The Very Rev. I. Jakobovits, B.A., *Problems of Jewish Family Life* (London, 1953), p. 14.

couraged and propagated. I have already indicated that the practice is apparently an offshoot of the materialistic attitude that reduces man to the level of the brute animal. It does not stop here; it also fosters the growth of the same attitude. This is aptly expressed by the strong (but not too strong) expression chosen by the Jewish scholar, "human stud-farming."

Then there is the question of the donor. The literature favoring insemination always stresses the splendid qualifications of the donor, his intellect, his character, etc. Alan F. Guttmacher, M.D., a professed advocate of the practice, gives this simple test of the ideal donor: "Is that the kind of a man whom I would like my daughter to marry?"¹¹ Let the readers answer the question for themselves. Personally, I can give my own necessarily conditional answer without any hesitation. If I had a daughter, I would not want her to marry a man whose sense of moral values was such that he would calmly enter a doctor's office or laboratory and ejaculate semen into a glass jar for a sum of money. As a confessor, I can understand and sympathize with the young man who masturbates because of outbursts of passion that he has not yet learned to control; I confess that I have little appreciation of the mentality of the donor. Moreover, to return to the question of my hypothetical daughter, I would not want her to marry a man whose

realization of the responsibilities of parenthood was so slight that he would be willing to father a child, or many children, whom he would never see and towards whom he would have no duty — and this, moreover through a woman he does not even know. The donor, whatever be his other qualifications, can hardly be either psychologically or morally normal. The policy of portraying such men as ideal progenitors of human beings is a menace to the true welfare of society.

Next there is the family itself, composed of the lawful husband, the wife and her child conceived through donor insemination. Theologians must admit that they cannot point to actual facts, just as the insemination enthusiasts who claim facts cannot prove them. Nevertheless, from their experience with human beings, theologians can point to some very real dangers inherent in the practice of donor insemination. The child is flesh of his mother's flesh, but not of his supposed father's. He is born a stepson, and worse. To the supposed father he is a constant reminder of the intense humiliation of his sterility.¹² (One wonders, incidentally, how often the

¹²I mention sterility because it is the most common reason alleged for resorting to donor insemination. Other reasons are "unfavorable genetic history or a previous erythroblastotic fetus." Cf. J. P. Greenhill, B.S., M.D., F.A.C.S., *The Year Book of Obstetrics and Gynecology*, 1954-1955 Series (Chicago: The Year Book Publishers, 1954), p. 361, abstract of an article by Sophia J. Kleegman. — Certainly the first of these two reasons would be at least as humiliating to the husband as consciousness of sterility.

¹¹See *Transactions of the Conference on Sterility and Infertility of the American Society for the Study of Sterility*, Vol. 3, p. 10.

husbands who give "consent" to donor insemination do so merely out of a sense of hurt pride, and not with genuine willingness.) To the mother, the developing child will bring none of the joy that comes to women as they see the characteristics of a beloved husband bud forth in the child; all that she will know about the child's father is that he is the kind of man who will masturbate for a price and assume the function of parenthood with neither the love nor the responsibility that parenthood normally entails. By nature's plan, children should be a bond of union between their parents, and bring them joy and a sense of mutual fulfillment; the donor-child is much more apt to be a source of humiliation, jealousy, and anxiety.

The foregoing are some of the dangers and evils inherent in the practice of donor insemination. With these in mind, the theologian seems perfectly justified in saying that, even if the practice were not wrong in itself, it would still be morally unjustifiable because of its actual and potential effects on society. But, as I have previously pointed out, it is wrong in itself, partly because it usually entails masturbation as the means of procuring the semen and mainly because it is contrary to the divine law which requires that "the procreation of new life can be only the fruit of marriage." It was this divine law that Pope Pius XII stressed in his address to Catholic doctors.

II. WITHIN THE CONJUGAL UNION (Homologous Insemination)

Some years ago Joseph B. Doyle, M.D. published a preliminary report of a new medical attempt to solve the infertility problem.¹³ Doctor Doyle used a concave lucite spoon, which was inserted into the vagina before coitus in such a way that the spoon itself was directly under the cervix. The purpose of this procedure was to protect the semen from the acid of the vagina and to provide the best possible conditions for the largest possible number of spermatozoa to penetrate through the cervical os.

Obviously the use of the cervical spoon is not artificial insemination in the ordinary sense of the expression; it is merely a technique for aiding marital intercourse to be

¹³"The Cervical Spoon: An Aid to Spermiation and Semen Sampling," *Bulletin of the New England Medical Center*, 10 (1948), 225-31. This article was reprinted in *THE LINACRE QUARTERLY*, Jan.-Apr., 1949, pp. 41-47. It should be carefully noted that the cervical spoon is not the same as the "cervical cap." Recent medical literature contains occasional references to the cap, and these references usually trace back to M. James Whitelaw, M.D., "Use of the Cervical Cap to Increase Fertility in cases of Oligospermia," *Fertility and Sterility*, 1 (1950), 33-39. In this article there is question of artificial insemination between husband and wife, the purpose of the procedure being to place the husband's entire ejaculate close to the cervix. The purpose, therefore, is the same as that of the spoon; but there are two pronounced differences from the moral point of view. In the Whitelaw method, the semen is obtained "either by withdrawal or masturbation" and is placed in a cup-like container (the cap) which is then fitted over the cervix. This method therefore, is a substitute for intercourse, and it implies the obtaining of semen by illicit methods. The Doyle procedure is merely an aid to natural intercourse.

fertile by overcoming certain physiological obstacles. Some might call it "assisted insemination." Another form of assisted insemination sometimes discussed by theologians concerns a case like this: husband and wife have normal coitus, and after coitus the semen is collected in a syringe and placed further into the wife's genital tract. Although there was some theological controversy over the latter method, yet the general practical rule before the papal address to doctors was that the various forms of assisted insemination could be permitted. This practical rule may still be followed, because the Pope made it clear that he wished to make no official statement either for or against assisted insemination when he said: "To say this [that artificial insemination is to be entirely rejected] is not necessarily to proscribe the use of certain artificial means designed only to facilitate the natural act or to enable that act, performed in a normal manner, to attain its end."

As regards homologous insemination, therefore, the Pope's words of warning or condemnation refer only to substitutes for intercourse. Three points call for special attention.

1. *The Impediment of Impotence;*

Canon 1068 of the Code of Canon Law reads as follows:

1. Impotence, antecedent and perpetual, whether on the part of the man or the woman, whether known to the other party or not, whether absolute or relative, invalidates marriage by the law of nature itself.

2. If the impediment of impotence is

doubtful either in law or in fact, the marriage is not to be hindered.

3. Sterility neither invalidates marriage nor renders it illicit.¹⁴

A full explanation of this canon would carry me far beyond the scope of this article. I have cited it merely as background for the Pope's statement that the possibility of recurring to artificial insemination would not remove the impediment of impotence. By impotence is understood the inability to have coitus. If this condition certainly exists before a marriage, and if it is also certain that the condition is perpetual, and not merely temporary, the person so afflicted is incapable of contracting marriage. An example would be a man whom some accident has permanently deprived of the power of erection. It is quite possible that such a man might have fertile semen and that he could have a child by means of artificial insemination. This would not, according to the Pope, make the man capable of contracting marriage.

2. *Acts Contrary to Nature:*

With reference to homologous insemination, Stuart Abel, M.S., M.D., once wrote: "The semen specimens for insemination from husband to wife are collected by condomistic intercourse, coitus interruptus, or again, and preferably from a practical standpoint, mas-

¹⁴This English translation is taken from T. Lincoln Bouscaren, S.J., and Adam C. Ellis, S.J., *Canon Law: A Text and Commentary*, 2nd revised ed. (Milwaukee: The Bruce Publishing Co., 1955), p. 523. The canon is followed by a comprehensive explanation of the impediment of impotence.

turbation."¹⁵ Later in the same article, Dr. Abel pointed out that the Catholic Church would apparently object to all these methods of obtaining germ cells. This observation is correct. And it was undoubtedly to such methods that Pope Pius XII was referring when he said: "Also, it is needless to observe that the active element can never be procured licitly by acts that are contrary to nature."

Why do we consider these methods to be unnatural sex acts? The reason, as I have already indicated when speaking of masturbation, is that the psycho-physical processes leading to sexual orgasm are used in such a way that the orgasm itself takes place outside of coitus. It is true that there is an appearance of coitus in condomistic intercourse and coitus interruptus. But it is only an appearance. The determining factor of true coitus is ejaculation into the vagina; and that factor is missing in all three procedures.

I realize that some non-Catholics who might agree with all that has been said here about donor insemination would not agree that these methods of obtaining the husband's germ cells for insemination are always immoral. Even among prominent Catholic theologians there have been a few attempts to justify these means of accomplishing homologous insemination.

¹⁵The Present Status of Artificial Insemination, p. 4. This is a reprint from *International Abstracts of Surgery*, Dec., 1947, Vol. 85, pp. 521-31. For a complete survey of the medical, legal, and theological aspects of artificial insemination up to 1947, this article is exceptionally valuable.

nation. To practically all theologians, however, and certainly to the Pope himself, such attempts mean the sacrifice of principle for the sake of sympathy. It is a basic principle of sexual ethics that an unnatural act is never permitted, even for a laudable purpose; and, if ejaculation into the vagina is not taken as the minimum norm of determining a natural sex act, there seems to be no sound way of determining such an act.

3. Is Any Substitute for Intercourse Justifiable?

The following interesting quotation from *The 1952 Year Book of Obstetrics and Gynecology* can serve as an apt introduction to a final point of discussion:

Adler and Makris (*Ferti. & Steril.* 2:459, 1951) reported the first case of artificial insemination with use of testicular tissue. A man with aspermia had a testicular biopsy and the wife was prepared for insemination in an adjoining room. The specimen was placed in Ringer's solution and an emulsion of the tissue made. This showed active spermatozoa. Insemination was performed in the usual way and a healthy baby was delivered.

If I understand this procedure correctly, it is an example of homologous insemination in which the husband's germ cells were obtained without any unnatural sex act and then transferred to the wife. Granted that my interpretation is correct, the case may be used as a concrete illustration of a problem debated by theologians for many years before the Pope's address to the Catholic doctors. The question was: would homologous insemination without inter-

¹⁶Chicago: The Year Book Publishers, 1952, p. 337.

course be permissible, provided the husband's germ cells could be obtained in some licit manner? The majority of theologians held that even this would not be permissible. It was their view that husband and wife have no right to generate offspring except through coitus. They contended that coitus is the means established by nature, and the only means of generation in keeping with human dignity and with the traditional notion of the marriage contract. In a word, this majority opinion was that no substitute for conjugal intercourse is permissible. There was, however, a minority opinion that the right of a validly married couple to generate children is not limited to intercourse but might include the use of any artificial means not in itself immoral.¹⁷

The Pope made no explicit reference to this controversy in his official statements on artificial insemination; but there can be little doubt that the last part of his ad-

dress on September 29, 1949, and especially his further statement on October 29, 1951, adopt the majority view.

Summary

The official teaching of the Catholic Church on artificial insemination, as expressed by Pope Pius XII in the statements quoted at the beginning of this article, may be briefly summarized in these points:

1. Donor insemination, being contrary to the divine law that procreation must be only the fruit of marriage, is never permitted.
2. The use of acts contrary to nature to obtain germ cells for insemination is always immoral.
3. The possibility of having children by means of homologous insemination does not remove the impediment of impotence.
4. No substitute for intercourse is in harmony with the divine plan that children should be the fruit of a personal union by which the parents become two in one flesh.
5. The use of artificial means to help natural conjugal relations to be fruitful may be permitted.

¹⁷For more details concerning theological opinions, and especially for further references, see *Medico-Moral Problems*, II, 18-22.

Invitation: To Our Town

HEAVILY populated areas of the country apparently do not provide the answer to all the ambitions of some of our Catholic physicians to serve the sick. Approached by one of the Federation Board members in the East who is acquainted with the situation, The Catholic Hospital Association was asked to investigate the opportunities available in smaller communities where Catholic doctors are needed. A group survey was made of the Catholic hospitals in the States of Pennsylvania, Ohio, Illinois, Iowa, and Kansas. Questionnaires returned indicated the greatest need for general practitioners. Pediatrics came second in total of requests, followed by general surgery. Obstetrics need assistance and pathologists are in demand. In the field of psychiatry help is sought and internists are needed too. Opportunities for specialists are numerous.

Letters defined needs. From a Pennsylvania hospital one administrator wrote, "We have a vacancy in pathology and would appreciate getting a good Catholic pathologist. Do you know of one available? From Ohio came the following: "We are opening another 250 bed hospital and are urgently in need of a neurosurgeon and an ophthalmologist." An Illinois hospital reports an urgent need—"Pediatrics—we need a pediatrician badly." Another states, "We do not have any Catholic doctors

here and I think this would be a very good opportunity for one who desires to locate in a small town." Still another administrator writes, "Two of the doctors on our staff are aging; thus making a possible opportunity for younger doctors to come into the community."

From the State of Iowa comes this letter: "Dr. _____, general surgeon who has his boards in surgery is anxious for a good man in general practice or specialized in internal medicine or obstetrics to join him in office practice." Another letter reads: "In our new wing we have a fine 30-40 bed psychiatric department and the psychiatrists (two in number) here are not Catholic. If you could direct any Catholic psychiatrists this way we would be so happy."

Kansas sent the most requests. "Have new 73 bed hospital and need larger staff," writes one administrator. "Orthopedist is badly needed here," writes another. From a small community the following was received: "Ours is but a 30 bed hospital. The town has a population of about 2,200. It is in an agricultural district. There are several small towns within a radius of 15 or 20 miles, that are served by our doctors. Our hospital has been in operation three years, but is quite well established." A plea from another area reads: "We are in dire need of a young Catholic general practitioner who will do obstetrics. We have a fully

equipped 100 bed general hospital. Large Catholic population. Income unlimited." "This is a 24 bed hospital," writes another administrator, "and we have only one doctor who is looking for an associate."

Even business men, public-spirited and interested in hospitals and their staffs, responded to the questionnaire after discussing the matter with administrators. From a thriving mid-western town came this letter. "There is a nice location available in a fast growing suburban area suitable for two young doctors and a dentist. One doctor is now practicing in the area. We would remodel as desired at no cost to the tenant, and help with the lease on a deferment plan. If you know of any doctors who would like a good location, we would appreciate your reference."

As evidence of community interest, here follows a letter from a hospital board member who apparently would do much for some young physician who would consider establishing his practice in Kansas.

Your letter to Administrators of Catholic hospitals in the middle west regarding Catholic doctors has been brought to my attention, by the Superior of our local hospital. I am secretary-treasurer of our county hospital board and we have the hospital leased to the Sisters for operation. Only yesterday the chairman of our board and myself called at the hospital and talked with Sister Administrator about the availability of a doctor to come and locate here; today Sister called me and advised of the letter you had written.

I would like to give you some history of our community and the opportunity that awaits a young Catholic doctor. This is a county-seat town of 1,750 people located in a rich wheat belt and also has a large amount of stock cattle as well as dairy cattle. The farm income is

quite diversified. Its trade territory takes in the entire county and has 6,000 people in our trade territory. We have two banks with deposits of more than \$6,000,000 and the county has more than \$10,000,000 in deposits with the banks and also an additional \$10,000,000 in government bonds. We have 875 farms in our trade area, in excess of 75% tenant owned. We have a large Catholic population. There are 700 souls in our parish and we have four other parishes in our county, three rural and one in a small town. We have a parochial school completed just two years ago. The school cost \$180,000 and is debt free. All eight grades are taught. The town has a new public high school, but we are large enough to have a Catholic high school too.

We have a new 34 bed hospital. It was built at a cost of \$400,000 and offers the latest in hospital equipment. The past year we have averaged 16 patients per day and the Sisters have been able to operate it efficiently.

However, we are very much in need of a young doctor to establish himself with us. We have two doctors at the present time. One is in his late 60's and the other is past middle age. They both enjoy a profitable practice but are both limited in service and as a consequence we lose many patients to other communities who would come here.

I have talked with interested persons and we can make funds available to the young doctor until he can get established, for it would be only a short time until he would have a very good practice. To cite a practical point, last year the doctors collected 94% of their fees, which to my knowledge is the highest rate of collection anywhere in our state.

We would be very happy to interview an interested young doctor and would be willing to defray the expense of his coming to look over our town, our church, and school and above all, our very fine hospital from which he could work. We would also help him to find an office and get located. We hope to receive an affirmative answer.

This, then, reports the results of contacting a small segment of states to ascertain opportunities available. Other states can be canvassed through the facilities of the Association on request of any physicians who might be interested in

locating in other areas. Sister Administrators are continually asking, "Where can we find Catholic doctors for our staff?" This is especially so in small but thriving towns that are growing in industry. With the influx of population, greater demands are made upon hospital service and more doctors are needed. Their desire to interest Catholic physicians is understandable.

LINACRE QUARTERLY will reserve pages to report situations available. Any physician who desires to investigate the situations reported should write to Rev. John J. Flanagan, S.J., Executive Director, The Catholic Hospital Association, 1438 South Grand Blvd., St. Louis 4, Missouri, for details regarding exact locations and persons to contact. Requirements should be stated as well as time of availability.

ANNUAL MEETING OF CATHOLIC PHYSICIANS

The annual meeting for Catholic physicians will be held Wednesday, June 13, 1956. The occasion is sponsored by The Federation of Catholic Physicians' Guilds. All Catholic doctors are cordially invited to attend.

The place—Sherman Hotel, Chicago

The time—12:30 p. m.—Luncheon

Guest speaker will be Anthony J. J. Rourke, M.D., past president of the American Hospital Association.

PLAN TO ATTEND!

Out of the Shadows

FRANCIS J. BRACELAND, M.D., ScD., F.A.C.P.

President-Elect, American Psychiatric Association

IT IS PROBABLE that there is not another subject within the entire sphere of medicine which is more widely discussed today than psychiatry, and this is understandable. For not only does the subject have a poignant appeal but also man's emotional problems seem to have acquired a sense of urgency, and seem to be more in need of understanding and attention today than at any other time heretofore. Partly because of extrinsic factors such as the changing social order and the complexity of modern life, man now lives under a greater amount of emotional pressure than ever before. While he dreams and talks of security he seeks a method of coming to terms with a new and rapidly changing culture. Despite the pressure of external cultural complexities however the most pressing insecurities arise because of the emotional conditions inherent in man himself. Faced with the task of adjusting to an insufficiently understood reality, man is at a loss for he has trouble understanding both the reality and himself. Like it or not, in the present day man appeals to the psychiatrist for help with his difficulties. For the psychiatrist is the physician thought to be most expert in handling of intellectual and emotional problems of daily living.

For help with spiritual problems,

he appeals to his clergyman. That there will be inevitable overlapping between these spheres of influence is understandable. That there should be any lack of understanding between them is unthinkable. Each discipline has its own important task to perform, its especial concern—the clergyman with things spiritual, the psychiatrist with problems emotional and mental. There has never been a quarrel with the facts which psychiatry presents. It came under suspicion originally because of the philosophical overtone which accompanied some of its teaching. And yet, philosophy and psychiatry are not the same. Psychiatry definitely is not a philosophy; it is a medical discipline. And to look with suspicion upon a whole, important specialty of medicine or to find in it an enmity to religion because of these concepts, long since modified, is to belabor a dead issue. Were we to do this we would miss an important source of help to mankind in distress.

It is true that the patients who were mentally ill were treated badly in ages past and sometimes it has been alleged that the Church was even a party to this. There is great question about this statement for the Church has always had an especial regard for people who were mentally sick. The reasons why the patients were treated badly

ly were to be found in the nature of man and in man's outlook at that time, rather than in his beliefs. Ethnology shows us traces of magical thinking which impeded treatment and was the cause of the difficulties. This was more or less due to the spirit of the times rather than the belief of the individuals.

In early Christian times there were several notable establishments for the humane treatment of the mentally ill. One was the Monastery at Monte Casino where the Order of St. John of Jerusalem bestowed benign care upon the mentally afflicted. The earliest hospitals about which we know were founded by Innocent III and the leaders were instructed to provide humane care for the mentally sick in special sections of the city hospitals. This practice of establishing psychiatric wards in general hospitals is just now returning to vogue in these enlightened days. The mental colony at Geel, Belgium which has its roots in the tenth century is still well known to us today. This colony which was under the protection of church authorities was founded upon the dedication of the towns people to the care of the mentally ill who came originally to pray at the Shrine of Dymphna, herself the patron of the mentally ill.

The problem of mental disease is with us today as it was when Geel was founded. The hospitals are full to overflowing and the numbers of patients grow as the population increases in age and in size. The problem calls for a multi-disciplinary approach. It's everyone's concern. The law, religion,

medicine, science — all must join hands to help these patients for their suffering transcends physical illnesses, beliefs and other difficulties. It is not helped by the lack of understanding.

Following the example of Thomas Aquinas, we must take truth where we find it. Though truth is eternal, it may be approached from many directions and also it may be approached by means of various vocabularies. Pope Pius XII in giving direction to thinking regarding the relationship between psychiatry and religion at the close of a dissertation to the Fifth Congress of Psychotherapy and Clinical Psychology in April, 1953, said: "Be sure that We follow your research, your medical practice with warm interest and with best wishes. You labor on a terrane that is very difficult but your activity is capable of achieving precious results for medicine, for the knowledge of the soul in general, for the religious disposition of man and for his development. May Providence and Divine Grace enlighten your path." Just as this was said and the efforts were blessed on that occasion, so should we today assist in every possible way to help those who suffer from mental and emotional diseases.

[The above is included in LINACRE QUARTERLY with permission of *The Sacred Heart Program, the Voice of the Apostleship of Prayer, as Dr. Braceland's contribution to a series of radio programs commemorating the 40th anniversary of The Catholic Hospital Association, 1955-56.*]

Medico-Moral Notes

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THE MIRACLE OF LOURDES

The Miracle of Lourdes by Ruth Cranston (New York: McGraw-Hill, 1955) has already received more than an ordinary amount of publicity. A brief pre-publication synopsis appeared in the November issue of *McCall's* and *Reader's Digest* for December featured a more detailed condensation. But this is a book whose full impact cannot be realized from any compressed version. To do justice to the author's most competent treatment of this difficult subject, every page of her remarkable publication should be read — especially by doctors, who are perhaps best capable of appreciating its significance.

Mrs. Cranston is not a Catholic nor is she a doctor. But in her months of research through the records of the Medical Bureau of Lourdes, she had the blessing and cooperation of both religious and medical authorities at the shrine, and has produced a volume which truly merits the commendation it received from Pietro Maria Théas, Bishop of Tarbes and Lourdes, and Dr. S. Oberlin, Surgeon of the Paris Hospitals and member of the International Medical Commission of Lourdes. Prospective readers can be assured that the book is the product of neither

mawkish sentimentality nor airy skepticism. Not only is it impeccably reverent in tone and exquisitely courteous to Catholicism, but it is also an achievement of high professional competence.

The author has one predominant purpose, to present accurately and impartially the *medical facts* at Lourdes, "the greatest polyclinic in the world" according to one eminent physician. Of prime interest to doctors as scientists would be the structure of the two medical organizations, technically and financially independent of all ecclesiastical control, which record, evaluate, and interpret the thousands of case histories compiled at the shrine. The first is the Medical Bureau of Lourdes, staffed to a large extent by visiting doctors from all parts of the world. Catholics, Protestants, Jews, agnostics, infidels, schismatics, apostates — provided only that they are medically qualified, all are welcome. And all *de facto* come (to the number of over fifteen hundred in 1953) to take active part in the scientific on-the-spot verification or disproof of alleged cures. (It was the medical testimony of an agnostic doctor, notoriously hostile to religion of any kind, which finally convinced a Canonical Com-

mission of the genuineness of one more recent cure.) The higher echelon is represented by the International Medical Commission of Lourdes (AMIL) with headquarters in Paris and an active membership of five thousand doctors from some thirty countries. Its object is to guarantee further the scientific calibre of the work done by the Bureau by providing additional specialists, technicians, laboratory reports, and any other scientific paraphernalia necessary or useful for medically exact case histories. Not until medical science at its best has satisfied itself that a cure has certainly taken place, and that in the present state of science no natural explanation for the cure can be reasonably alleged, does the Church consider even the possibility that a miracle may have occurred.

The book is filled with astounding actual case histories selected by Mrs. Cranston from the medical files of the Bureau. But with remarkable and commendable restraint she contents herself only with fact, the type of fact which is a doctor's daily pabulum, and never theologizes beyond her capabilities. She does state her own personal convictions: "God is true, the miracles are true." But all that she asks of her readers is that logic be allowed to guide their own conclusions.

It has long since become hackneyed to say that any book is "a must." But any doctor who begins the unabridged version of *The Miracle of Lourdes* will find that professional curiosity alone will demand that he finish it.

MORALITY IS BROADER THAN THE CODE

Every now and then—just often enough to be somewhat disturbing—one encounters in a Catholic doctor the mistaken impression that our *Code of Medical Ethics for Catholic Hospitals* states explicitly the absolute totality of his moral responsibilities as a physician, and that any specific practice or procedure not expressly prohibited in the Code must therefore be permissible.¹ That perhaps is one of the inevitable disadvantages of an ethical code of any kind: of its nature it is liable to misinterpretation. As Fr. Gerald Kelly pointed out some years ago when his first booklet-volume of *Medico-Moral Problems* was published: "A code must be brief. . . . But this imperative need of brevity poses what seems to me one of the most important of our problems: namely, that a succinct statement of an ethical principle or a summary indication of its practical applications can lead to serious misunderstandings."² One such misunderstanding is the assumption just mentioned—that within the limits of a chart or a vest-pocket booklet one can expect to find an exhaustive and self-explanatory tabula-

¹*Code of Medical Ethics for Catholic Hospitals* is a comparatively recent publication and is produced by Catholic Hospital Association in two forms: in an 11-page 4"x6" pamphlet and in a chart suitable for framing. It contains in highly compressed form the substance of the more familiar *Ethical and Religious Directives for Catholic Hospitals*. This latter booklet is now available in a second edition, revised and enlarged, and is indispensable as an aid to a full appreciation of the condensed Code.

²p. 3.

tion of a doctor's every moral right and duty. This is simply not so, and for several reasons.

First of all, as its title indicates, the Code is primarily a moral guide for Catholic *hospitals*, and consequently treats principally of that one phase of a doctor's life and practice. It is true that a physician will encounter elsewhere other problems of a medico-moral nature. But if these do not properly pertain to the care of hospitalized patients, it is not within the scope of the Code to deal with them specifically. That is one reason why certain abuses, recognized by the profession as unethical, receive no mention. Silence on such points as those by no means implies approval of patent abuses, but merely testifies to the restricted nature of our Code as a *hospital* directive.

Furthermore, any ethical guide for doctors should be for the most part a directive for morally *problematical situations*. In other words, it should be able to presuppose certain rudimentary and universally familiar moral principles, together with their more obvious applications, and restrict itself to that area where genuine doubts of conscience are more likely to occur. Is there any real need, for example, to remind Catholic doctors that it would not be right for them to charge exorbitant fees, perform surgery which is patently unnecessary, or to engage in other practices which any person with normal instincts and training would immediately recognize as unethical? To state such basic truths as these in our Code would be in

most cases superfluous. Omitting them does not imply that we do not recognize the obligations they entail, but merely that their repetition is considered unnecessary.

And that leads to another reason for restricting the content of our Code: ours is a professedly *Catholic* directive. While we definitely do not maintain that Catholic doctors are subject to a more rigid moral standard than are their non-Catholic confreres, we do recognize the fact that Catholics *acknowledge* a higher standard than do many others. In that sense, therefore, there is such a thing as a distinctively Catholic code of medical ethics, one which begins where others leave off. Ours is predominantly that. Most of the points which it emphasizes are those on which our *acknowledgment* of universal natural-law principles distinguishes us from those who do not share the totality of our convictions. The fact that we do not include some items which are found in the profession's codes of medical ethics does not mean that we disagree with those canons or disparage them. Rather we presume that a Catholic doctor's professional integrity will be no less than that of others, and that his own conscience will dictate fidelity to the legitimate pledges which his profession has exacted of him.

There is one further point that should be kept in mind when one consults either the Code or the Directives. It is the one which Fr. Kelly no doubt had chiefly in mind when he wrote the passage cited above. Moral principles must be

concise and impeccably precise, and the language of moral theology is often as technical as is that of medicine. The implications of a single word will many times represent the difference between theological truth and error, and those implications are not always immediately apparent to one who is not trained in theology. Even when moral principles are perfectly understood, their subsequent application to cases is an art in itself. Hence our Code is by no means self-explanatory or all-sufficient. It must be supplemented by more detailed explanation both of general principles themselves and of their application to concrete circumstances. That is the purpose of *Medico-Moral Problems* and of many of the articles which appear in LINACRE QUARTERLY. And when one realizes that even theologians, familiar as they are with the principles of their science, have welcomed much of that writing as a real contribution to moral theology, it should not be humiliating to any doctor to be reminded that there is much more to medico-morality than is self-evident in the Code.

RADICAL SURGERY

Of the questions which have come to me from doctors in recent months, a noticeable number have concerned the physician's moral responsibility in the matter of employing or advising radical procedures when, in terms of risk and ultimate lasting benefit, prognosis is less than optimistic. Perhaps for the benefit of those who may have missed or forgotten the orig-

inal publications, it might be helpful to give two convenient references to information on this admittedly difficult moral problem.

The first is to an article written in collaboration by J. E. Drew, M.D. and John C. Ford, S.J., and published in *The Journal of the American Medical Association* under the title, "Advising Radical Surgery: A Problem in Medical Morality" (Feb. 28, 1953, Vol. 151, pp. 711-16). This discussion was occasioned by the case of a 7-month-old girl with sarcoma of the bladder. Because in previous cases simple cystectomy had been followed by local recurrence in the pelvis, pelvic exenteration (though not employed before on an infant with this disease) was considered to be the procedure most likely to succeed in this instance. The concomitant ethical question was two-fold: would one be morally justified in undertaking pelvic exenteration on a child of that age; and if so, how should the case be presented fairly to the parents? The moralist's answer as contained in the article is perhaps as specific as could possibly be given; and I am sure that theologians in general would agree with Fr. Ford as to the circumstances under which procedures of this nature would be justified.

The second reference is to the fifth volume of *Medico-Moral Problems* by Gerald Kelly, S.J. On pages 6-15 Fr. Kelly explains in even greater detail the theological distinction between ordinary and extraordinary means of preserving life, a doctrine which is basic to the solution of the case proposed

by Dr. Drew and Fr. Ford. Each of these two articles supplements the other, and in combination provide as complete an answer as the moralist can presently give to the question of radical procedures.

THE CANCER PATIENT AGAIN

Since publication in the last issue of LINACRE QUARTERLY of "What Must the Cancer Patient Be Told?," my attention has been called to still another article on the same subject, this one by a doctor.³ Its thesis is that even for purely medical reasons many physicians should re-examine their policy of concealing the truth about cancer when patients ask for it. At least one point upon which that conclusion is based would seem to merit serious consideration.

As this article implies, medical education of the public has made tremendous strides in recent years. The intelligent layman is now much more likely to identify correctly certain specific symptoms and therapies with their respective pathologies. Certainly the "complete physical" and the periodic check-up, even in the absence of any palpable symptoms, have become rather commonplace, and people are no longer so prone to wait for unmistakable signs of cancer before consulting a doctor. Consequently the negative biopsy report in its turn is far less rare a commodity.

³Bernard P. Harpole, M.D., "To Tell or Not to Tell" in *Current Medical Digest*, 22 (April 1955), 61-63.

In view of these facts, the author asks two pointed questions: "... how can the patient distinguish between the sincerity of a negative biopsy report and the fraud of the well-intentioned dissembling of a physician who presumes to deceive his patient after diagnosis of cancer is established? In the same vein, how can a patient, intelligent enough to know he's been treated for cancer, by a doctor who prefers to tell him that his lesion is not malignant, ever have confidence in that doctor again?" His own answer assumes the form of a recommendation that "in view of the public's increased knowledge of medicine, physicians use greater care in recognizing the patients who have already faced and accepted the reality of their disease." He does not, of course, advise a policy of telling every cancer patient the entire truth.

Though the word *fraud* admits of a harsher meaning than perhaps the doctor intended, the basic point behind his observation is an entirely valid one. The confidence of patients in their physicians and in the medical profession is an item of no small significance. Destroy or weaken it, and the essential function of medicine is to that extent impeded. And since it is the doctor's right and responsibility to decide whether to share with the patient his specific diagnosis of cancer, this consideration should not be overlooked in reaching that decision.

Executive Board

Federation of Catholic Physicians' Guilds

Winter Meeting

The December meeting of the Executive Board of The Federation of Catholic Physicians' Guilds was held in Boston, Massachusetts, December 3 and 4, 1955, at Hotel Statler. The following were present:

M. F. Yeip, M.D., President, also Cleveland Guild

W. J. Egan, M.D., First Vice-President, also Boston Guild

E. J. Murphy, M.D., Third Vice-President, also Bronx Guild

N. F. Thiberge, M.D., Honorary President, also New Orleans Guild

J. J. Graff, M.D., Secretary, also Wilmington Guild

Rt. Rev. Msgr. D. A. McGowan, Moderator

Rev. M. P. Walsh, S.J., Boston Guild

J. J. Toland, Jr., M.D., Philadelphia Guild

F. J. D'Errico, M.D., Fall River Guild

Very Rev. Msgr. F. W. Carney, Cleveland Guild

J. G. Muccigrosso, M.D., Westchester Guild

D. A. Mulvihill, M.D., New York Guild

Rev. J. J. Flanagan, S.J., Editor,
THE LINACRE QUARTERLY

Rev. J. J. Lynch, S.J., Weston College, Weston, Mass.

M. R. Kneifl, Executive Secretary

Jean Read, Assistant Secretary

* * *

The meeting was called to order at 9:30 a.m.

After roll call, the President requested vote on the minutes of the June 8, 1955 meeting of the Executive Board, Federation of Catholic Physicians' Guilds, held in Atlan-

tic City, at Hotel Dennis—unanimously approved.

PRESIDENT'S REPORT

In his report, the President indicated that a statement in the name of the Federation refuting remarks of gynecologists at the A.M.A. meeting in June regarding artificial insemination was given to the newspapers stating the Catholic viewpoint on the subject. (The full statement appeared in the minutes of the June 1955 meeting.) He asserted further that a census of all Catholic doctors in the dioceses of affiliated Guilds had been requested. A few Guilds have responded, namely: Dubuque, Iowa; Knoxville, Tennessee; Saginaw, Michigan; Sioux City, Iowa; Cleveland, Ohio; Philadelphia, Pennsylvania.

The "White Mass" to honor St. Luke was reviewed. Reports were given by Guild representatives and the central office.

Annual reports of Guild activities are requested to be sent to the central office for permanent record and after review by a committee to be included in future issues of the Federation bulletins. It was recommended that such reports might also be given to the Ordinary of the Diocese of each Guild, by personal visit of the

LINACRE QUARTERLY

President and/or other officers of the Guild.

MODERATOR'S REPORT

The moderator also commented on St. Luke's Day celebrations and the success achieved in each locality where the "White Mass" was observed.

Progress toward the establishment of a Catholic Physicians' Guild in Chicago was reported.

A third topic was the announcement of the International Congress of Catholic Doctors to be held in the Netherlands in September 1956. The theme of the Program is "Civil and Moral Law." Msgr. McGowan was authorized to represent the Federation at this Congress.

The locale of the 1958 International Congress was discussed. Further consideration of this subject was deferred until the June 1956 Executive Board meeting.

It was reported that Mother Anna Dengel, M.D., foundress of the Medical Mission Sisters, completed thirty years of service to the sick in the missions; the Board voted honorary membership in the Federation to Mother Dengel as a fitting recognition of her labors. A scroll to commemorate the occasion was presented to her in the name of the Federation.

LINACRE QUARTERLY

The circulation report indicated the mailing of 7,199 copies of the November 1955 issue. Some 3,650 copies were mailed to members of Guilds; currently there are 300 student subscriptions; and the bal-

FEBRUARY, 1956

ance of the subscribers include doctors not members of guilds, priests, hospitals, libraries and others.

The Editor again emphasized need for articles. Topics discussed for writing included: "Medical Education", "Vivisection", "Animal Experimentation", "Segregation", "The Doctor's Obligation to his Community — Civic, Social and Political."

MEMBERSHIP REPORT

It was reported that there are 52 Catholic Physicians' Guilds affiliated with the Federation; seven having been added since June 1955. Affiliation for eleven Guilds is pending.

Promotion of additional Guilds was discussed. It was recommended that existing Guilds devote time to helping other groups organize. The President of the Westchester Guild read a letter he had sent to physicians in that area of New York to interest them in membership. Exemplifying most effectively the aims of a Guild, this letter might be used as a model for other groups. The assistance of Catholic hospitals should be sought; chaplains would be valuable contacts. The aid of Bishops' Representatives for hospitals would also be most helpful. It was recommended that each Guild sponsor at least one new Guild during the year.

FINANCING EDUCATION FOR MEDICAL STUDENTS

It is known that there are Catholic students who would be worthy

candidates for medical school but who are not able to finance their education. This was thought to be a project to be recommended to Guilds. Two groups reported giving such assistance at present.

PHARMACISTS' GUILDS

These organizations are forming in various sections of the country. It was recommended to encourage pharmacists to join Guilds with the same objectives as the physicians' groups. Local Physicians' Guilds would be in excellent position to offer advice.

SITUATIONS IN CATHOLIC HOSPITALS

At the June 1955 meeting of the Executive Board it was suggested that a survey be made to determine situations that might be available in Catholic hospitals to relieve crowded areas of the country. The needs of member institutions of The Catholic Hospital Association in the states of Illinois, Iowa, Ohio, Pennsylvania, and Kansas were to be enumerated in a questionnaire sent out from the central office.

A representative return was received and the results are to be published in LINACRE QUARTERLY. It was recommended that Guilds send information to the Federation office regarding staff vacancies in the hospitals their members serve in order to afford information to newly licensed doctors or to those wishing to move to other areas.

JUNE MEETING, FEDERATION EXECUTIVE BOARD

An Executive Committee meeting of the Federation will be held

at 8:00 p.m., Tuesday, June 12, 1956, in Chicago, Illinois. This will be in preparation for the annual meeting of the entire Executive Board meeting scheduled for the morning of June 13.

The luncheon regularly scheduled for Catholic doctors attending the American Medical Association Convention will follow the Board meeting.

"GUILDS IN FOCUS" BULLETIN

It was recommended to continue publishing the bulletin "Guilds in Focus" as a medium to advise member Guilds of activities. For this, the Editor pointed out it is necessary to receive news periodically from each group if the service is to develop.

RESEARCH PROJECTS

It was reported that the Catholic Hospital Association will sponsor a Conference on Research and Medical Education in March, 1956, from which it is hoped that hospitals will be enlightened concerning the advantages to be derived from research activity and educational programs in medicine. From the findings of this Conference, it is hoped to offer a plan of approach for Guilds to encourage such activity within their own membership or to support outside efforts. One Guild now offers a yearly research grant to a medical student for such a purpose.

MEDICO-MORAL PROBLEMS INSTITUTE

January 12-14, 1956 a Medico-Moral Problems Institute, conducted by Father John J. Lynch,

LINACRE QUARTERLY

S.J., and sponsored by The Catholic Hospital Association, is to be held at St. Vincent's Hospital in New York City. This three-day conference is for doctors, priests, sisters and nurses in the area. The local Catholic Physicians' Guilds are participating by sponsoring an evening session for doctors only.

AUSTRALIAN GUILDS

It was reported that the Federation headquarters received a request for a copy of the constitution of the Federation to be sent to Australia. Each state there has its own Catholic Physicians' Guild and it is the plan to affiliate the various groups in the same manner as in this country and to pattern national activities in line with those of this organization. The Board pledged any assistance it can give.

GUILD REPORTS

Representatives reported regarding the activities of their respective Guilds. These will be enumerated in the bulletin "Guilds in Focus."

FINANCES

The preliminary annual financial statement was presented, discussed, and approved.

A proposed budget for 1956 was submitted and approved.

FEDERATION EXHIBIT— A.M.A. CONVENTION

The Federation has been assigned exhibit space for the American Medical Association Convention scheduled for Chicago, Ill., June 11-15, 1956. A booth is being furnished gratuitously. Catholic literature related to health care will be distributed and members of the Federation will be on hand for consultation regarding Guilds and their activities.

A committee has been appointed to determine the details of the display.

All Catholic doctors attending the A.M.A. sessions will be urged to visit the booth; volunteers from affiliated Guilds to staff the booth for the four days will be solicited.

OTHER BUSINESS

To commemorate the Silver Jubilee of the Federation in 1957, suggestion was accepted to ask Father Ignatius Cox, S.J., the first Moderator of the organization, to write the history of the Federation.

A telegram of good wishes for his welfare was sent to Father Gerald Kelly, S.J. in the name of the Federation Executive Board.

Meeting adjourned—12:30 p.m.

Just Off the Press!

ETHICAL and RELIGIOUS DIRECTIVES for CATHOLIC HOSPITALS

A new revised second edition of *Ethical and Religious Directives for Catholic Hospitals* has just been published by The Catholic Hospital Association. There are sixty Directives numbered consecutively, with abundant references in the Appendix as well as a detailed Index. The Present edition contains new matter concerning professional secrecy, experimentation, ghost surgery, psychotherapy, shock-therapy, unnecessary procedures, and the spiritual care of non-Catholics. References to recent statements of the Holy See are also included. The booklet contains clear answers to most of the ethical problems likely to arise in hospital practice. Write for your copy today.

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